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Patents, Trademarks,
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Intellectual Property
Legal Matters

FAX COVER SHEET

TO: Patent and Trademark Office
FROM: Richard A. Ryan, Esq.
DATE: June 17, 2008
FAX #: (571) 273-8300 (PTO Central Fax Number)
RE: Patent Application No.: 10/792,044
Applicant: John J. Kochevar
Title: Vacuum Line Sanitization Device and Method
Attorney Docket No.: RAR112.03
Examiner: Joyner, Kevin

OF PAGES: 5
(incl. this page)

MESSAGE: Attached is a Payment of Excess Claims Fee form for the above-identified patent application, including a PTO Credit Card Payment Form in the amount of \$85.00 and a copy of the Notice Requiring Excess Claims Fees. Please call or email me if you have any questions or need additional information. Thank you for your assistance.

CONFIDENTIALITY NOTE

WARNING: The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify me by telephone at (559) 447-1837 and return the original message to us at the address noted above via the United States Postal Service. Thank you.

ORIGINAL TO FOLLOW: ☐ YES ☒ NO

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PATENT

Practitioner's Docket No. RAR112.03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: John J. Kochevar

Serial No.: 10/792,044

Group No.: 1744

Filed: 03/02/2004

Examiner: Joyner, Kevin

For: Vacuum Line Sanitization Device and Method

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

PAYMENT OF EXCESS CLAIMS FEE

I. This replies to the Notice Requiring Excess Claims Fees (PTOL-319) mailed April 17, 2009.

A copy of the Notice Requiring Excess Claims Fees is included herewith.

ADDITIONAL FEES DUE

II. Additional filing fees of \$25.00 for excess claims for a small entity is required for the above-identified patent application.

Enclosed is a check including the amount of \$25.00 for the additional filing fees.

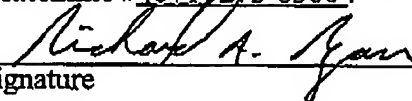
CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

FACSIMILE

I hereby certify that this correspondence is, on the date shown below, being transmitted by facsimile to the Patent and Trademark Office, facsimile # (571) 273-8300.

Date: 6/17/2008

Signature



Phone No. (559) 447-1837)

Richard A. Ryan, Reg. No. 39,014
(type or print name of person certifying)

(Response to Notice Requiring Excess Claims Fees--page 1 of 1)

06/18/2008 HHARZ11 00000050 10792044 25.00 DP
01 FC:2202
06/18/2008 HHARZ11 00000050 10792044
02 FC:2251

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SMALL ENTITY STATUS

III. Applicant is a small entity

EXTENSION OF TIME

IV. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one (1) month:

Fee: \$60.00

TOTAL FEE DUE

V. The total fee due is:

Additional filing fee	\$ 25.00
Surcharge fee (if any)	\$ 0.00
Extension fee (if any)	<u>\$ 60.00</u>
Total Fee Due	\$ 85.00


PAYMENT OF FEES

VI. Enclosed is a PTO Credit Card Payment Form in the amount of \$85.00.

Reg. No. 39,014

Tel. No.: (559) 447-1837

Customer No.: 29762


SIGNATURE OF PRACTITIONER
Richard A. RyanRichard A. Ryan
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JUN 17 2008

NOTICE REQUIRING EXCESS CLAIMS
FEES

Application No.

10/792,044

Applicant(s)

KOCHEVAR, JOHN J.

Art Unit

1700

COPY

The excess claim(s) filed on 09 April, 2008 is not accompanied by the appropriate payment of excess claims fees set forth in 37 CFR 1.16(h)-(j) or 1.492(d)-(f). Excess claims fees are required for each claim in independent form in excess of three (§ 1.16(h)), each claim (whether dependent or independent) in excess of twenty (note that § 1.75(c) indicates how multiple dependent claims are considered for fee calculation purposes) (§ 1.16(i)), and each application that contains a multiple dependent claim (§ 1.16(j)).

Since the application is not under a final rejection, applicant is given a time period of **ONE (1) MONTH or THIRTY (30) DAYS** from the mailing date of this notice, whichever is longer, to submit either: (1) the fee payment of \$, or (2) an amendment in compliance with 37 CFR 1.121 that cancels the excess claim(s), in order to avoid **ABANDONMENT**. Extensions of this time period may be granted under 37 CFR 1.136, unless the excess claim(s) was presented in a preliminary amendment.

- ☐ 1. The funds in Deposit Account No. are insufficient to cover the entire fee due. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.
- ☐ 2. The Credit Card payment to cover the entire fee due to Account (Card type + last 4 digits ONLY) was refused. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.
- ☒ 3. The amendment that includes the excess claim(s) has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account or Credit Card) the fee as indicated on the attached Patent Application Fee Determination Record (PTO/SB/06). Remittance or authorization is due within the time period set forth in this notice.
- ☒ 4. The fee submitted in this application is insufficient. A balance of \$ 25.00 is due for presentation of excess claims (37 CFR 1.16(h)-(j) or 1.492(d)-(f)).
- ☐ 5. Other.

Explanation (Provide specific details of the required correction in order to assist the applicant. Indicate whether a service charge has been added to the fee due):

THE AMOUNT OF THE FEE(S) DUE IS SUBJECT TO CHANGE, GENERALLY ON OCTOBER 1 OF EACH YEAR (37 CFR 1.16, 1.21 & 1.492). THE AMOUNT OF THE FEE(S) DUE IS DETERMINED AS OF THE DATE A COMPLETE REPLY WITH THE APPROPRIATE FEE(S) IS RECEIVED BY THE OFFICE (37 CFR 1.8 & 1.10). BECAUSE THE AMOUNT DUE IS SUBJECT TO CHANGE, IT IS RECOMMENDED THAT APPLICANT CHECK THE CURRENT FEE SCHEDULE WHICH IS AVAILABLE ON THE USPTO'S WEBSITE AT: <http://www.uspto.gov/web/offices/ac/qs/ope/fees.htm>

Service Charges: There is a \$50 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)). There is a \$25.00 service charge for each month when the balance of a deposit account is below \$1000 at the end of the month (37 CFR 1.21(b)(2)).

Technical Support Staff (TSS): /DIANE FLOYD/

Phone Number: 5712721008

Note to TSS: Please do NOT use this notice if the application is under a final rejection.